

I, Maureen Julien, give permission to Carol Ackerson to have guardianship of my son Robert, while he attends school in her area. guardianship belongs to Bright Massey and Carol Ackerson. Miss Maureen Julien

STATE OF NEW YORK
COUNTY OF Kings } ss:

On this 23 day of April, 1980 came to me, the undersigned,
Maureen Julien, to the above and before me to sign, the
individual described in and who executed the foregoing instrument, hereby acknowledging
to me that he executed the same.

STUART M. GOLDMAN
Notary Public, State of New York
No. 24-4711664 " Queen & West County
Commissioned April 20, 1982

Name _____

Robert Lawrence
(print)

Sex

11

Today's Date

11/25/86

School

IS 320

Your Grade

7

13

13

6, 7, or 8

Profile Section Grades 6-8

Realistic			Investigative		Artistic		Social			Enterprising		Conventional	
Mechanical/Fixing	Electronics	Nature/Outdoors	Science	Numbers	Writing	Arts/Crafts	Social Service	Child Care	Medical Service	Business	Sales	Office Practices	Food Service
MEC	ELE	NAT	SCI	NUM	WRI	ART	SOC	CHI	MED	BUS	SAL	OFF	FOO
7	15	16	14	23	18	15	15	23	19	22	17	20	21
32	32		32	30	31		32		32	27	25	32	
31	32			29	30		31		31	24	31		
30	31		31	29	27	31	29		29	26	24	30	
29	30		30	28	28	32	30		30	25	23	29	
28	29		29	27	27	31	29		29	22			
27	28		28	26	26	30	28	32	28	24	28	32	
26	27		27	25	25	29	27	31	30	27	21	27	31
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24	25		25	23	23	27	25	28	25	21	19	24	28
23	24		24	22	22	26	24	26	24	20	18	23	
22	23		23	21	21	25	24	26	23	19	22	26	
21	22		22	20	20	24	23	25	22	21	21	25	
20	21		21	20	19		22	24	21	18	16	20	
19	20		20	19	19		23	22	21	17		23	
18	19		19	18	18		22	21	21	15	15	19	22
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9	10		10	9	9		13	12	12	11	11	11	14
8	9		9	8	8		12	11	11	10	9	7	10
7	8		8	7	7		11	10	9	8	7	6	9
6	7		7	6	6		10	9	8	7	6	5	8
5	6		6	5	5		10	8	7	6	5	5	7
4	5		5	4	4		10	8	7	6	5	5	6
3	4		4	3	3		10	8	7	6	5	5	8
2	3		3	2	2		5	3	2	2	2		7
1	2		2	1	1		4	2	1	1	1		
0	1		1	0	0		3	0	0	0	0		
9	8		8	7	7		2						
8	7		7	6	6		1						
7	6		6	5	5		0						
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5	4		4	3	3								
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THIS PAGE IS TO BE KEPT BY THE COUNSELOR OR TEACHER

Go on to page 8

NAME Lawrence Robert DATE 11/25/86
 (Last) (First)
 ADDRESS 543 21st Apt D8 Date of Birth 12/9/73

City Brooklyn State N.Y. Zip Code 11220 School 320
 Phone (Area Code) 495-0204 Class 794

Social Security Yes # 103-04-4045 No _____ Room 206B

1) Do you have any brothers or sisters? Yes No _____

2) What is your favorite sport? Football

Do you watch this sport? Yes _____ No _____

Do you play this sport? Yes _____ No

3) Have you ever had a job? Yes _____ No _____

If yes, please describe: _____

4) When you graduate from school (high school or college), what kind of work would you like to do?

I want to be a football player.

Have you done this type of work before? Yes _____ No _____

5) What are your hobbies? (things you do when not in school) football

6) What do you like to read? Books _____ Magazines _____ Newspapers _____

Comic Books T.V. Guide _____ Catalog (Sears) _____

7) What is your favorite school subject? Reading

8) What are your responsibilities at home? The bathroom

9) List at least 1 positive thing about yourself: I'm brave

10) List 1 thing you want to change about yourself: My hair

110 Livingston Street, Brooklyn, New York, 11201

ADMISSION FORM FOR NEW ENTRANTS

(To be filled out in advance by the parent, PLEASE PRINT)

Date of Registration *Kay 1*
 Date of Admission
 Admitted to Class
 Room
 Teacher

To School No. *P152 K* Soro
 Name *ROBERT JULIEN* Sex M F Date of Birth *1/9/73*
 Place of Birth *New York* Mo. Day Year
 Proof of Age: (Check One) Birth Certificate Number
 Baptismal Other Proof 156-73-335737

Date of Vaccination
 Date of Immunization Against Diphtheria
 Did your child attend a child health station? When?

Do you wish the school doctor to examine your child? Yes No

Father's Full Name *Robert Lawrence* Birthplace *N. C.* Deceased Year
 Mother's Full Name *Mary* Birthplace *Tyngsboro* Deceased YearName of person with whom pupil lives if other than both parents *Emmy Youngblood* Relationship *Daughter*Name of person with whom pupil lives if other than both parents *Emmy Youngblood* Placement agency, if anyLanguage spoken in home *English* How many older brothers? *1* How many older sisters? *1* How many younger brothers? *0* How many younger sisters? *0*Address *618 E 218th St* Borough *Bklyn* Zone *112-26 NY 1* Floor *4* Apartment *8* Private HouseHome Telephone No. *693-7314* Business Telephone No. *704-3398*Did your child attend a pre-kindergarten class? *Yes* Where? *PS 398* Last Grade Completed

Name and Address of previous school, if any Last Grade Completed

Person to contact if parent is not available *Emmy Youngblood* Name *Emmy Youngblood* Relationship *Daughter*Address *2107 Bevery Rd* Apartment *10* Telephone No. *693-7314*

25-0250.00.4 (1400 PKGS.) 5/74

120

To Whom It May Concern:

2nd Request Date *1/4/90* *ES*

Robert Lawrence Julien, D.O.B. *12/9/73*, Grade *11* has
 enrolled in our school. Please forward all records including
 courses, grades (including current grade and grading code),
 attendance, standardized test scores, health records, and
 special education information (if applicable).

At the secondary level, please include credits earned,
 competency results (where applicable), and any other
 pertinent information. Thank you for your cooperation.

DISCH	1
Please send to:	
REASON	<i>1/8/90</i>
DATE	<i>1/8/90</i>

SCHOOL *Henninger High School*
 ADDRESS *600 Robinson Street*
 ATTENTION *Syracuse, New York 13206*

GUIDANCE DEPARTMENT

BORO	DISTRICT	SCHOOL NO.	GRADE	CLASS	ROOM	N.Y.C. STUDENT ID. NO.	
K 22 1124 4 304					301-090-0083		
STUDENT NAME (LAST, FIRST, M.I.)					SEX	BIRTHDATE	
Robert					<input checked="" type="checkbox"/> M <input type="checkbox"/> F	12/19/13	
PRESENT ADDRESS		APT/FLOOR		BORO		ZIP CODE	
618 E. 21 St.		APT/FLOOR		BORO		ZIP CODE	
PARENT NAME		TEL. NO.					
Robert		123-4567					
ADM. CODE	EFFECTIVE DATE	PREVIOUS BORO/DIST./SCH. NO.		ADMIT DOC. NO.	RDG. GRADE	TEST DATE	
<input checked="" type="checkbox"/>	12/19/83	111-1384					
PREVIOUS ADDRESS	APT/FLOOR		BORO		ZIP CODE		
(re-admit)							
DISCH. CODE	EFFECTIVE DATE	NEW BORO/DIST./SCH. NO.		DISCH. DOC. NO.	RDG. GRADE	TEST DATE	
<input type="checkbox"/>							
NEW ADDRESS		APT/FLOOR		BORO		ZIP CODE	
INTER-CLASS/ INTER-GRADE TRANSFER	EFFECTIVE DATE	PREVIOUS GRADE/CLASS/ROOM		COMMENTS			
SIGNATURE							
R. Campbell							

OF ADMISSION/DISCHARGE/TRANSFER, Form OSIS-101 (9/83) N.Y.C. Board of Education

GUIDANCE

BOARD OF EDUCATION OF THE CITY OF NEW YORK
110 LIVINGSTON STREET, BROOKLYN, N.Y. 11201
DIVISION OF SPECIAL EDUCATION

OSIS # 201-090-6

DATA BANK # A 2128775

DATE OF PHASE I CONFERENCE 3/10/88

INDIVIDUALIZED EDUCATION PROGRAM — PHASE I

Student's Name (last) Lawrence (first) Robert DOB 10/17/73 Sex M
 Address 618 E 21st St Apt
Brooklyn N.Y. Zip Code 11226 Home District
 Name of Parent/Guardian Maureen Jackson
 Language of notices and conferences English
 Home Phone 693 0738 Business Phone
 Language(s) student speaks English
 Special Alerts None

RECOMMENDATIONS

Classification Learning Disabled
 Program(s) (e.g., special class, related services, etc.) Special Class and Related Services
 Service Category (Specify language if service is bilingual e.g., bilingual counseling - Spanish) Priority Instructional Services II
 Resource Room: Days per week Periods per day
 Class Size and Staffing 12:1:1 Projected Date of Initiation of Service For Spring

RELATED SERVICES RECOMMENDED BY SBST/CSE (If none, so indicate)

Services(s) Recommended	Sessions Per Week	Minutes Per Session	Maximum Group Size
<u> </u>	<u>1</u>	<u>40</u>	<u>35</u>

TRANSPORTATION REQUIRED (Check if required)

Special transportation—Specify:

THE STATE EDUCATION DEPARTMENT
High School Equivalency Program
Albany, New York 12234

01-30903

HIGH SCHOOL EQUIVALENCY DIPLOMA TRANSCRIPT

A High School Equivalency Diploma is awarded by the New York State Education Department to any candidate who meets the requirements listed on the reverse side of this form. The test scores that enabled you to qualify for a New York State High School Equivalency Diploma are listed below. Your diploma number and the date that it was issued are provided below at the right.

Name of Test	Test No.	Test Score	Diploma No.
Writing Skills	1	41	961059726
Social Studies	2	51	08/05/97
Science	3	47	303-000129510
Interpreting Literature & the Arts	4	44	12/09/773
Mathematics	5	44	
	Total	227	

ROBERT LAWRENCE

BOX 500

ELMIRA

NY 14902



In witness whereof the Regents issue this diploma
under seal of the University at Albany in

AUGUST 1997

Alvin J. Muller
President of the University
and Commissioner of Education

L 059726

State of New York - Department of Correctional Services

Food Service Training

ROBERT LAWRENCE

has successfully completed the

16 week training program in

Food Handling and Sanitation Practices

ELMIRA

Facility

Wm. M. Arnt
Howard Jean
Superintendent
Director of Nutritional Services

John M. Arnt
Instructor, Vocational
Instructor, Food Service

4/96

Date of Completion

Lee Miller
STATE OF NEW YORK - DEPARTMENT OF CORRECTIONAL SERVICES



Certificate of Merit

THIS IS TO CERTIFY THAT

Robert Lawrence 91B0903

Has successfully completed a 32 hour course in
Basic Legal Research and Law Library Management

At Clinton Correctional Facility

issued this 10th day of June, 2007

Jan Clancy Botta
DOCS' Law Library Coordinator

Ch
Superintendent

INMATE PROGRESS REPORT

Correctional Facility clintonName of Program Law Library MainName Robert LawrenceDin # 91B0903 Housing Unit B-3-20 Date 3/25/02

(Check one)

PAY INCREASE

READING LEVEL

12+

PAY DECREASE

GED OR H. S. DIP.

YES NO

GENERAL EVALUATION

DATE ENTERED PROGRAM

N/A

FINAL EVALUATION

PAY ITEM NUMBER

633311

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR
ATTENDANCE/PUNCTUALITY			<input checked="" type="checkbox"/>		
INTEREST IN PROGRAM ASSIGNMENT		<input checked="" type="checkbox"/>			
EFFORT AND INITIATIVE		<input checked="" type="checkbox"/>			
ATTITUDE TOWARD PEERS			<input checked="" type="checkbox"/>		
ATTITUDE TOWARD AUTHORITY FIGURES			<input checked="" type="checkbox"/>		
FOLLOWS RULES AND SAFETY PRACTICES			<input checked="" type="checkbox"/>		
ABILITY TO FOLLOW DIRECTIONS		<input checked="" type="checkbox"/>			
QUALITY OF WORK		<input checked="" type="checkbox"/>			
DISPLAYS SELF CONTROL			<input checked="" type="checkbox"/>		
DEPENDABILITY	<input checked="" type="checkbox"/>				
APTITUDE/EMPLOYABILITY	<input checked="" type="checkbox"/>				

Explain inmate's accomplishments while in your program or work detail:

Inmate Lawrence has learned many facets of the Law Library operation and has performed all tasks asked of him in an above Satisfactory manner.

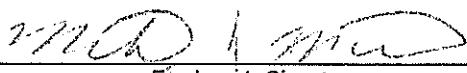
List job titles, or special skills acquired:

Inmate Lawrence is currently responsible for the delivery and pick-up of Law Books and materials to inmates who are on keep-lock status. He will often assist as well with other

General comments: responsibilities such as book counter or assisting inmate Patrons with general Legal Research.

Inmate Lawrence is a hard worker who should continue to excel in the manner he is going.

Inmate's Signature



Employee's Signature

CO

Title

3-22-01

Date

STATE OF NEW YORK

DEPARTMENT OF CORRECTIONAL SERVICES

GREAT MEADOW CORRECTIONAL FACILITY

APPROVAL FORM FOR DISBURSEMENTS IN EXCESS OF \$100.00Inmate name Lawrence Robert DIN 91B0903 Date 5-20-05Recipient name Maureen Peters Address 1416 Brooklyn Ave Apt 3-D
Brooklyn NY 11210Disbursement amount \$12,358.56Is the inmate the author of this disbursement form? Yes No Is it of his own free will, or as a result of compulsion in any form? free willThe relation of the recipient to the inmate? motherThe length of this relationship, if "friend". n/aHow did the inmate come to know this friend? n/aHas this "friend" ever corresponded with the inmate in any manner? n/aIf the recipient is a relative, in what manner are they related? mother/sonHas the "relative" corresponded with the inmate in any manner? yesAre any of these relationships verifiable? yesThe reason for the disbursements? wants her to have itIs the disbursement in consideration of any service performed within the correctional facility in any manner, either by another inmate or staff? NoCan this be verified? n/aWas all of the above information verified? Yes NO Any other information as would seem appropriate. No

Comments _____

Counselor: recommend approval disapproval Comments _____Administrative/Housing Lieutenant: approval disapproval

Comments _____

Lieutenant Robert Clark

Signature

Counselor Robert Clark

Signature

COUNTY Washington
CITY/TOWN Fort Ann
DISTRICT NUMBER 5754
REGISTER NUMBER

STATE OF NEW YORK
DEPARTMENT OF HEALTH
AFFIDAVIT, LICENSE and
CERTIFICATE OF
MARRIAGE

SUPPLEMENTAL FILE

1. A. FULL NAME Robert Lawrence, Jr.
FIRST Robert MIDDLE Lawrence CURRENT SURNAME Jr.

B. BIRTH NAME, IF DIFFERENT Same

C. SURNAME AFTER MARRIAGE
(OPTIONAL - SEE REVERSE) Same

D. SOCIAL SECURITY NUMBER 240 64 1417

2. RESIDENCE A. NY B. Wash.
(STATE) (COUNTY)

C. CHECK ONE AND SPECIFY Married
CITY TOWN VILLAGE

D. STREET ADDRESS 1737 St. 1A ZIP 12827

E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES NO

3. A. AGE 38 B. DATE OF BIRTH 12/01/73 C. SEX (OPTIONAL) M
MM/DD/YYYY

4. EMPLOYMENT
A. USUAL OCCUPATION
B. TYPE OF INDUSTRY OR BUSINESS

5. PLACE OF BIRTH Brockton, NY
(CITY, STATE / COUNTRY, IF NOT USA)

6. FATHER OR PARENT
A. NAME (OR MAIDEN NAME, IF APPLICABLE) Robert Lawrence
B. COUNTRY OF BIRTH USA

7. MOTHER OR PARENT
A. NAME (OR MAIDEN NAME, IF APPLICABLE) Maurice Julien
B. COUNTRY OF BIRTH Trinidad

8. NUMBER OF THIS MARRIAGE 1

9. PREVIOUS MARRIAGES
A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY
DIVORCE: CIVIL ANNULMENT: DEATH:
B. HOW DID LAST MARRIAGE END? DIVORCE (3) ANNULMENT (3) DEATH (2)
C. DATE LAST MARRIAGE ENDED
MM/DD/YYYY

D. ARE ANY FORMER SPOUSE(S) ALIVE? YES NO

10. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION
DATE OF DECREE PLACE ISSUED AGAINST WHOM
(MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA) SELF SPOUSE

1ST
2ND
3RD
4TH

I do hereby swear/affirm, depose and say, that to the best of my knowledge and belief that the information I provided is true and that I declare that no legal impediment exists as to my right to enter into the marriage state.

21. SIGNATURE Robert Lawrence USE CURRENT NAME
22. SIGNATURE Gwendolyn Morrow USE CURRENT NAME
23. SUBSCRIBED AND SWEORN TO/AFFIRMED BEFORE ME
SIGNATURE OF TOWN OR CITY CLERK Mary Jane Godfrey DATE 04/06/12

This license authorizes the marriage in New York State of the parties named above by any person authorized by New York State Domestic Relations Law § 11 to perform marriage ceremonies within New York State. THIS LICENSE VALID IN NEW YORK STATE ONLY.

If checked, this license is to be used only for the purpose of a second or subsequent ceremony.

24. TOWN OR CITY CLERK
NAME (PRINT) Mary Jane Godfrey
SIGNATURE Mary Jane Godfrey DATE 04/06/12
MAILING ADDRESS P.O. Box 314, Fort Ann, NY 12827
STREET CITY/TOWN STATE NY ZIP 12827

25. A. SOLEMNIZATION PERIOD BEGINS
TIME 1:30 PM MONTH APR DAY 04 YEAR 2012
26. B. SOLEMNIZATION PERIOD ENDS AT MIDNIGHT ON:
TIME 1:30 AM MONTH APR DAY 05 YEAR 2012

I CERTIFY THAT I SOLEMNIZED THE
MARRIAGE OF THE PARTIES NAMED
ABOVE ON THE DATE AND AT THE
TIME AND PLACE INDICATED.

26. SOLEMNIZATION OCCURRED
TIME 1:15 PM MONTH APR DAY 27 YEAR 2012

27. TYPE OF CEREMONY
0 RELIGIOUS
1 CIVIL
9 OTHER, SPECIFY Former Town Justice #1612

29. OFFICIANT
NAME (PRINT) Ruth M. Carter

28. PLACE WHERE MARRIAGE OCCURRED
A. STATE NEW YORK
B. COUNTY WASHINGTON

SIGNATURE Ruth M. Carter
MAILING ADDRESS 35 Carter Lane, Fort Ann, New York

29. LOCATION OF CEREMONY
(CHECK ONE AND SPECIFY) HANLET
CITY TOWN VILLAGE
OF (SPECIFY) Comstock NAME OF LOCALITY

30. WITNESS TO CEREMONY

NAME (PRINT) Raymond Walker

SIGNATURE Raymond Walker

31. WITNESS TO CEREMONY

NAME (PRINT) Serena Ogletree

SIGNATURE Serena Ogletree

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONAL SERVICES
GREAT MEADOW CORRECTIONAL FACILITY

OFFICE OF FAMILY SERVICES

INTERDEPARTMENTAL COMMUNICATION

TO: S. Racette, Superintendent
FROM: E. White, Family Services Coordinator *M. C. L.*
DATE: May 4, 2012
SUBJECT: MARRIAGE CEREMONY for LAWRENCE 91-B-0903

Please be advised that the above named inmate and GWENDOLYN MORROW of Syracuse, NY were married in the Small Visiting Room at Great Meadow Correctional Facility on April 27, 2012.

Ruth Cartier performed the ceremony. Mary Jane Godfrey, Fort Ann Town Clerk, issued the marriage license on April 7, 2012. Witnesses were Raymond Walker and Serena Ogletree.

Please annotate your records for the above-named inmate to read MARRIED.

I've always wanted to one day have another opportunity to convey my deepest sincere and heartfelt apologies to the family of Mr. Howard and all whom I hurt and caused pain through my thoughtless, reckless and unacceptable behavior. October 30th, 1990 is a moment in time I so badly wish I could take back, I will bear the guilt of my actions on that day for the rest of my life. Mr. Howard was a good man, I didn't know him personally but his occupation spoke volumes to his righteousness. Soon after being held responsible for Mr. Howard's death and sent to prison, I started realizing the impact and how much damage I caused. It was around this time I began seeing life differently, the best way to describe it, I was evolving into a remorseful compassionate adult. Gone was the reckless child who allowed himself to be so gullible and placed in high risk situations.

Past transgressions and the guilt associated keeps me humble, I'm in a place where I can not only reflect, but also have a mature understanding and healthier respect for life and what it takes to be a productive citizen in our great society. I make no excuses and accept full responsibility for my actions. I was a boy more than three hundred miles away from home who was easily influenced, I made a terrible mistake and unfortunately I may have to pay for it the rest of my life. Even more sad is in some sick way I once believed in the violent nature that I fell victim to. Thankfully my beliefs have changed, the journey to adulthood coupled with this lengthy incarceration helped me not only find myself, but defined myself. Prison is a cold, lonely, and bitter place, nobody's perfect, I've had my share of bumps and bruises during this incarceration. Importantly is the fact that violence or any type of aggression has never been a problem for me, I made a decision years ago to never let that person who harmed so many to ever exist again. I just consciously strive to do what's right, hopefully when all is said and

done my atonement for my sins will redeem me in the eyes of our Lord.

Neighborhoods I grew up in, bad generally outweighed the good, everything I knew and was exposed to basically contradicted what was acceptable in society. I mimicked and absorbed everything like a sponge, unavoidably gravitating toward the wrong. Unfortunately you name it, I either have direct experience concerning it or have witnessed it in some form or fashion. Most children faced with similar circumstances would travel down the wrong road too. I never asked to be brought up the way I did. One of a parents main responsibilities and obligations is to ensure that their children are decent human beings first and foremost, also in the process do what's necessary to protect them from dangerous situations and bad influences. Sadly my parents failed at both, as early as I could remember it was them who introduced me to violence from physical altercations with each other. Both of them had heavy addictions to drugs along with an unhealthy affiliation to the streets which for the most part left me susceptible to a cold world.

School was definitely a struggle, I got expelled more times than I could count. I felt like the streets provided me with everything I needed. I couldn't read nor write but I somehow convinced myself that school was obsolete. I understand now that I was a product of that environment, bad habits developed I didn't discard fast enough. I know I had a choice, the amount of pressure on such a young person can be to much especially when everything around them is not only acceptable, but common practice.

— I'm extremely remorseful, I've grown into an individual who is compassionate and understands how precious life is. I ask for forgiveness and mercy, I pray that the court will allow me another opportunity to take

advantage of everything I once took for granted. I'm sorry for what I did, I'll continue to have a heavy heart. Again I apologize to all whom I've hurt and caused pain.